



Name: _____

Country: _____

28. CURRENT MAILING ADDRESS:

Street _____

Apartment Number: _____

City: _____

State/Province: _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Fax: _____

29. PERSONAL IDENTIFICATION NUMBER _____

30. MARITAL STATUS: _____

31. NUMBER OF DEPENDENTS: _____

32. PLEASE DESCRIBE ANY PHYSICAL IMPAIRMENT YOU MAY HAVE. (This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment.)

33. OTHER SCHOLARSHIPS: Indicate if you are planning to apply for a fellowship, scholarship, assistantship or other educational grant or loan from another organization, government or educational institution. (This information will not prejudice your application.)

34. REFERENCES: List the names of persons from whom you have requested letters of reference. The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right to access to recommendations.

☐ I DO WAIVE my right to inspect the contents of the recommendation.

☐ I DO NOT WAIVE my right to inspect the contents of the recommendation.

Name	Position	Address
1.		
2.		
3.		

35. How did you learn of the FULBRIGHT FLTA PROGRAM? (Please indicate all that apply)

Friend or relative ☐

Newspaper (specify) _____

Previous Fulbrighter ☐

Other Publication (specify) _____

Poster/Flyer ☐

Fulbright Website ☐

University (specify) ☐ _____

Internet Link (specify) _____

36. AUTHORIZATION OF RELEASE OF INFORMATION:

I authorize the Fulbright Program Office or its administrative agency: ☐ Yes ☐ No

1) to receive and/or request my TOEFL, TSE, TWE or any other test score reports;

2) to send any of the above score reports to U.S. institutions on my behalf.